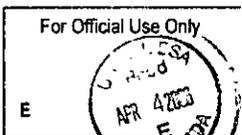


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>1. File Number U- 4920</p>	<p>2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005</p>
<p>3. Name and address of person filing.</p> <p>Name Edward C McHugh</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2849 Andrea Drive</p> <p>City Allentown</p> <p>State Pennsylvania ZIP Code +4 18103</p>	<p>4. Name, file number, and address of labor organization.</p> <p>Name IRON WORKERS AFL-CIO</p> <p>Labor Organization File Number 000-052</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 1750 New York Avenue, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code +4 20006</p>
<p>5. Position in labor organization.</p>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code +4</p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <hr/> <p>7.b. Amount.</p>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Edward C. McHugh* On 3/24/06 610-776-1063
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IMPACT</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1750 New York Avenue, NW, NW Lobby</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Member of Regional Advisory Board Executive Committee and Full Regional Advisory Board Member. See Attached.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Value of meals and lodging provided at meetings.</p>
	<p>12.b. Amount. \$295</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

LM-30 Attachment

Name: Edward C. McHugh
LM-30 File Number: To be assigned

Ending date of report period: 12/31/05

LM-30 Items
Number

8, 9, 11a and 11b

Per direction provided by U. S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a labor organization in which the labor organization is interested as though the labor organization was a business. The information for Item 11b is not in my possession.